



New Certification _____

Re-Certification _____

SCAT Certification Application

Please read the attached cover letter before completing this form.

All questions must be answered and medical documentation from a physician or qualified professional must be included to verify your disability and functional limitations. Incomplete applications will be returned. (Questions answered as “N/A” will be considered to be incomplete.) If you have questions or need assistance, please contact the GTA office at (336) 373-2634.

Mail the completed application to:
Sherria D. High, Transit Services Specialist
GTA, SCAT Certification
P.O. Box 3136
Greensboro, NC 27402-3136

*****Or, you may return the application by FAX to 336-373-2809.*****

Note: This application is also available in large print upon request.

Part I- General Information:

Last Name _____ First Name _____ MI _____

Address _____ Apartment # _____

City _____ State _____ Zip _____

Phone (Home) _____ - _____ Work _____ - _____

Cell Phone # _____ - _____ E-Mail Address _____

Emergency Contact _____ Phone _____ - _____

Last Four Digits of Social Security # _____ Date of Birth ____/____/____

Are you eligible for **Medicaid** Benefits? Yes _____ No _____

If Yes, What Is Your **Medicaid ID Number:** _____ - _____ - _____

*** This section is to be completed if the application was completed by anyone other than the individual applying for the SCAT service.**

Name _____ Daytime Phone _____

Relationship _____ Date _____

Part II – Disability and Mobility Information:

Please **fully describe** in detail the disability that prevents you from using the GTA accessible fixed route (**regular**) bus service _____

Is your disability permanent? Yes _____ No _____

If not, how long do you expect to have this disability? (**Required**) _____

Does your disability change from day to day under certain circumstances?

Yes _____ No _____ How? _____

Please indicate below by placing an (X) beside **any** of the mobility aids or equipment that you use for assistance:

_____ Manual Wheelchair	_____ Walker	_____ Portable O2
_____ Electric Wheelchair	_____ Prosthesis	_____ Crutches
_____ 3-Wheel Scooter	_____ Service Animal	_____ None
_____ 4- Wheel Scooter	_____ White Cane	
_____ Leg Braces	_____ Cane	
_____ Other (Please specify) _____		

!! IMPORTANT NOTE !!

SCAT will not be able to accommodate you if your wheelchair/scooter is longer than 48", wider than 30" or if your total weight including wheelchair is more than 600 pounds.

Do you **require** the assistance of a Personal Care Attendant (PCA) to travel with you to destinations outside of your home?

_____ Always _____ Sometimes _____ Never

If you are a person in a manual wheelchair, would the PCA push your wheelchair to and from the van at all times? _____

Part III- Applicant's Ability to Use the Fixed Route (Regular) Bus Service

1. Have you ever used GTA's accessible ***Fixed Route (regular)*** bus service (**Not SCAT**)?

_____ Yes, I use the bus _____ times a week.

_____ Yes, I used to use the bus, but stopped because _____

_____ No, I have never used the bus.

2. Is there something that may help you to ride the fixed route (***regular***) bus service?

_____ Route and schedule information. If yes, which Routes _____

_____ Being able to use the bus lift (Buses have a kneeling bus feature.)

_____ Attending a Travel Training course, to learn how to ride the bus

**** If so, please STOP here and call 336-373-2166****

_____ A communication aid such as _____

3. Are you able to ask for and follow written or oral instructions about how to use the fixed route (***regular***) bus?

_____ Yes _____ With A Personal Care Attendant

_____ No _____ I get too confused and might get lost

_____ I probably could with specific instruction

_____ Other people cannot understand me. Why? _____

4. Are you able to get to and from the bus stop on your own?

_____ Yes

_____ No _____ I cannot travel outside of my house or apartment

_____ I can get to the curb in front of my house or apartment

_____ I can if someone is with me to assist me

_____ I cannot get to places where there are no curb cuts

_____ I cannot cross busy streets or intersections

_____ I cannot travel outside when it is too hot

_____ I cannot find my way at night due to a vision problem

5. If you are able to get to or from the bus stop independently or with the assistance of a mobility aid, how far can you travel?

<input type="checkbox"/> I can travel 1 block	<input type="checkbox"/> I can travel 4 blocks
<input type="checkbox"/> I can travel 2 blocks	<input type="checkbox"/> I can travel 5 blocks
<input type="checkbox"/> I can travel 3 blocks	<input type="checkbox"/> I can travel 6 blocks or more

6. Are you able to get on and off of the fixed route (**regular**) bus?

(All GTA fixed route (regular) buses are equipped with a kneeling feature that will lower the bus so that a person may step onto the bus if they have difficulty climbing stairs.)

<input type="checkbox"/> Yes	<input type="checkbox"/> Only if the bus has a wheelchair lift
	<input type="checkbox"/> Only if a personal care attendant (PCA) is with me
<input type="checkbox"/> No	<input type="checkbox"/> I do not want to use the lift
	<input type="checkbox"/> I cannot climb the stairs
	<input type="checkbox"/> I probably could with specific instruction
<input type="checkbox"/> Sometimes: When?	_____

7. If you are able to get on and off of the bus, can you get to a seat or wheelchair position by yourself?

<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> I need someone to help me
	<input type="checkbox"/> I have a balance problem
	<input type="checkbox"/> I have trouble finding a seat because _____
	<input type="checkbox"/> I need the seat nearest the door because _____

8. If you are able to get on and off of the bus, do you know where to get off of the bus, and find your way by yourself to your destination?

<input type="checkbox"/> Yes	
<input type="checkbox"/> No	<input type="checkbox"/> I get confused and can't remember where I am going
	<input type="checkbox"/> I can if the driver calls out the stops due to my disability
	<input type="checkbox"/> I probably could with training

9. If you are a person in a wheelchair, is your home equipped with a wheelchair ramp?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

*** If your home is not equipped with a wheelchair ramp, you *will* be required to have someone present at the time of your pick-up and drop off to assist until a ramp is in place. You will be considered as a *curb-to-curb* client.**

Other information as it relates to your disability that you would like to be considered during the application review:

IV- Primary Travel Destinations:

Note:

The following information will help us serve you better! It does not limit your transportation service.

Please list three places that you go to most often:

1. Location: _____
Address: _____ times a week

2. Location: _____
Address: _____ times a week

3. Location: _____
Address: _____ times a week

● → **Please Remember To:** ← ●

1. Fill out all necessary information regarding your disability

2. Fill out all questions completely

3. Sign and date your application

Please keep in mind that the normal processing time for SCAT applications is 21 days. If your application is incomplete it will be returned, and this may delay the application process. If additional information is needed regarding your disability, you will be notified and given specific instructions as they relate to the necessary documents needed to determine eligibility. If you have any questions regarding this application, please contact Sherria High at (336) 373-2166.

V -Medical Release:

**** IT IS REQUIRED THAT YOU FILL OUT THIS SECTION OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE ****

In order for GTA to evaluate your request for eligibility, it may be helpful for us to contact a professional who is familiar with your health condition or disability and your functional abilities and limitations. Please list two professionals that can be contacted if additional information is needed.

Examples of qualified professionals include:

Family Physician
Physical Therapist
Occupational Therapist
Orientation & Mobility
Therapist

Independent Specialist
Rehabilitation Specialist
Licensed Social Worker
Registered Nurse

Ophthalmologist
Psychiatrist
Psychologist
Case Manager

_____ Name of Qualified Professional	_____ Name of Qualified Professional
_____ Type of Profession	_____ Type of Profession
_____ Professional's Agency	_____ Professional's Agency
_____ Address	_____ Address
_____ Phone Number	_____ Phone Number

Authorization for Release of Information:

I authorize the professionals listed above to release to the Greensboro Transit Authority information regarding my disability or health condition and its effect on my ability to travel on the accessible bus service. This form will permit the professionals listed to release the information described for a period of 60 days from the date below. I understand that all information obtained by GTA will be held in the strictest confidence and will not be shared with any other person or agency, except the persons involved in my eligibility determination. I also understand that I may revoke this authorization at any time by providing written notification.

_____ Signature of Applicant or Responsible Party	_____ Date
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